

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
 (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER
GULDE-0058

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

New splicing variant of a protein kinase a anchor protein and use thereof

the specification of which (check only one item below):

- is attached hereto.
- was filed as United States application

Serial No. **10/526 768**

on **March 07, 2005**

and was amended

on _____ (if applicable).

- was filed as PCT international application

Number **PCT/EP2003/009892**

on **March 07, 2005**

and was amended under PCT Article 19

on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATION NUMBER(S)	COUNTRY	FOREIGN FILING DATE (MM/DD/YYYY)	PRIORITY NOT CLAIMED
102 44 072.7	DE	09/06/2002	<input type="checkbox"/>
103 06 085.5	DE	02/07/2003	<input type="checkbox"/>
			<input type="checkbox"/>

POWER OF ATTORNEY: As a named inventor, I hereby appoint I. William Millen (19,544); John L. White (17,746); Anthony J. Zelano (27,969); Alan E.J. Branigan (20,565); John R. Moses (24,983); Harry B. Shubin (32,004); Brion P. Heaney (32,542); Richard J. Traverso (30,595); John A. Sopp (33,103); Richard M. Lebovitz (37,067); James E. Ruland (37,432); Jennifer J. Branigan (40,921); Csaba Henter (50,908) and Nicole E. Kinsey (50,723) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to: Customer No. 23599

Telephone No.
 703/243-6333 703-243-6333

Direct Telephone Calls to:

Combined Declaration for Patent Application and Power of Attorney (Continued)
 (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER
GULDE-0058

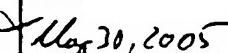
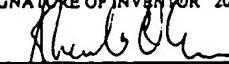
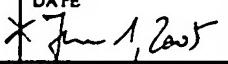
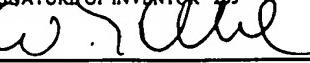
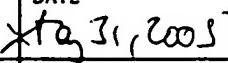
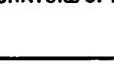
2 0 1	FULL NAME OF INVENTOR <u>KLUSSMANN</u>	FAMILY NAME <u>KLUSSMANN</u>	FIRST GIVEN NAME <u>Enno</u>	SECOND GIVEN NAME
2 0 1	RESIDENCE & CITIZENSHIP CITY Berlin <i>DEY</i>	STATE OR FOREIGN COUNTRY Germany	COUNTRY OF CITIZENSHIP Germany	
2 0 1	POST OFFICE ADDRESS STREET Parallelstr. 14B, 12209	CITY Teltow	STATE & ZIP CODE/COUNTRY GERMANY	
2 0 2	FULL NAME OF INVENTOR <u>OKSCHE</u>	FAMILY NAME <u>OKSCHE</u>	FIRST GIVEN NAME <u>Alexander</u>	SECOND GIVEN NAME
2 0 2	RESIDENCE & CITIZENSHIP CITY Berlin <i>DEY</i>	STATE OR FOREIGN COUNTRY GERMANY	COUNTRY OF CITIZENSHIP GERMANY	
2 0 2	POST OFFICE ADDRESS STREET Amalienstr. 9, 12247	CITY Berlin	STATE & ZIP CODE/COUNTRY GERMANY	
2 0 3	FULL NAME OF INVENTOR <u>ROSENTHAL</u>	FAMILY NAME <u>ROSENTHAL</u>	FIRST GIVEN NAME <u>Walter</u>	SECOND GIVEN NAME
2 0 3	RESIDENCE & CITIZENSHIP CITY Kleinmachnow <i>DEY</i>	STATE OR FOREIGN COUNTRY GERMANY	COUNTRY OF CITIZENSHIP GERMANY	
2 0 3	POST OFFICE ADDRESS STREET Machnower Busch 7, 14532	CITY Kleinmachnow	STATE & ZIP CODE/COUNTRY GERMANY	
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2 0 4	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
2 0 4	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
2 0 5	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2 0 5	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
2 0 5	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
2 0 6	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2 0 6	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
2 0 6	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
2 0 7	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
2 0 7	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
2 0 7	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY

Combined Declaration for Patent Application and Power of Attorney (Continued)
 (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER
GULDE-0058

208	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
209	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
210	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
211	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY
212	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201 	DATE 	SIGNATURE OF INVENTOR 207 	DATE
SIGNATURE OF INVENTOR 202 	DATE 	SIGNATURE OF INVENTOR 208 	DATE
SIGNATURE OF INVENTOR 203 	DATE 	SIGNATURE OF INVENTOR 209 	DATE
SIGNATURE OF INVENTOR 204 	DATE	SIGNATURE OF INVENTOR 210 	DATE
SIGNATURE OF INVENTOR 205 	DATE	SIGNATURE OF INVENTOR 211 	DATE
SIGNATURE OF INVENTOR 206 	DATE	SIGNATURE OF INVENTOR 212 	DATE